

**Clinical Chemistry Services**

**Date Specimen Collected:** \_\_\_\_\_ **Time Specimen Collected:** \_\_\_\_\_

**Laboratory Use Only**  
Accession Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Practice Name \_\_\_\_\_ Practice ID \_\_\_\_\_  \_\_\_\_\_

Ordering Physicians  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**Practice Contact Information**  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Patient and Insurance Information**  
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Gender\* \_\_\_\_\_

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender Identity\* \_\_\_\_\_ Race\* \_\_\_\_\_ Ethnicity\* \_\_\_\_\_ Sexual Orientation\* \_\_\_\_\_

Insured's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Panels and Individual Tests**

<p><b>Panels</b></p> <p><input type="checkbox"/> Basic Metabolic Panel</p> <p><input type="checkbox"/> CBC With Differential</p> <p><input type="checkbox"/> Comprehensive Metabolic Panel (Chem-14)</p> <p><input type="checkbox"/> Hepatitis Panel</p> <p><input type="checkbox"/> Lipid Panel</p> <p><input type="checkbox"/> Liver Panel</p> <p><input type="checkbox"/> Thyroid Panel</p> <p><input type="checkbox"/> TORCH Panel</p> <p><input type="checkbox"/> Celiac Disease Antibody Panel</p> <p><input type="checkbox"/> Celiac Disease Genetics (HLA DQ2/DQ8)</p> <p><input type="checkbox"/> Genesis Food Allergy Panel</p> <p><input type="checkbox"/> Inflammatory Bowel Diseases Panel</p> <p><input type="checkbox"/> Coagulation (PT/INR/APTT)</p>	<p><input type="checkbox"/> N18.9</p> <p><input type="checkbox"/> D64.9</p> <p><input type="checkbox"/> R53.83</p> <p><input type="checkbox"/> E13.8</p> <p><input type="checkbox"/> K74.60</p> <p><input type="checkbox"/> E78.5</p> <p><input type="checkbox"/> K76.89</p> <p><input type="checkbox"/> R94.5</p> <p><input type="checkbox"/> E03.9</p> <p><input type="checkbox"/> R53.83</p> <p><input type="checkbox"/> B58.9</p> <p><input type="checkbox"/> B25.9</p> <p><input type="checkbox"/> K90.0</p> <p><input type="checkbox"/> K90.49</p> <p><input type="checkbox"/> K90.0</p> <p><input type="checkbox"/> K90.49</p> <p><input type="checkbox"/> R21</p> <p><input type="checkbox"/> R06.89</p> <p><input type="checkbox"/> K50.90</p> <p><input type="checkbox"/> K50.911</p> <p><input type="checkbox"/> I48.91</p> <p><input type="checkbox"/> R79.1</p>	<p><b>Individual Tests</b></p> <p><input type="checkbox"/> AFP</p> <p><input type="checkbox"/> Albumin</p> <p><input type="checkbox"/> ANA</p> <p><input type="checkbox"/> Amylase</p> <p><input type="checkbox"/> ASCA</p> <p><input type="checkbox"/> aTG</p> <p><input type="checkbox"/> aTPO</p> <p><input type="checkbox"/> pANCA</p> <p><input type="checkbox"/> B-HCG</p> <p><input type="checkbox"/> Bilirubin (Direct)</p> <p><input type="checkbox"/> Bilirubin (Total)</p> <p><input type="checkbox"/> BNP</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> CA 125</p> <p><input type="checkbox"/> CA 19-9</p> <p><input type="checkbox"/> CEA</p> <p><input type="checkbox"/> CRP</p> <p><input type="checkbox"/> Cortisol</p> <p><input type="checkbox"/> Digoxin</p> <p><input type="checkbox"/> ELF</p> <p><input type="checkbox"/> ESR</p> <p><input type="checkbox"/> Ferritin</p> <p><input type="checkbox"/> FSH</p>	<p><input type="checkbox"/> R93.89</p> <p><input type="checkbox"/> K76.9</p> <p><input type="checkbox"/> D75.839</p> <p><input type="checkbox"/> K86.9</p> <p><input type="checkbox"/> K50.90</p> <p><input type="checkbox"/> E07.9</p> <p><input type="checkbox"/> E07.9</p> <p><input type="checkbox"/> I77.82</p> <p><input type="checkbox"/> N94.89</p> <p><input type="checkbox"/> R53.83</p> <p><input type="checkbox"/> R53.83</p> <p><input type="checkbox"/> BNP</p> <p><input type="checkbox"/> R06.9</p> <p><input type="checkbox"/> M89.9</p> <p><input type="checkbox"/> R97.8</p> <p><input type="checkbox"/> R97.8</p> <p><input type="checkbox"/> R97.0</p> <p><input type="checkbox"/> E78.00</p> <p><input type="checkbox"/> E27.8</p> <p><input type="checkbox"/> Z79.899</p> <p><input type="checkbox"/> K74.00</p> <p><input type="checkbox"/> R63.4</p> <p><input type="checkbox"/> D50.9</p> <p><input type="checkbox"/> E28.8</p>	<p><input type="checkbox"/> Folate (Serum)</p> <p><input type="checkbox"/> Glucose</p> <p><input type="checkbox"/> Hgb A1C</p> <p><input type="checkbox"/> HIV</p> <p><input type="checkbox"/> HLA</p> <p><input type="checkbox"/> IgE (Serum)</p> <p><input type="checkbox"/> PTH</p> <p><input type="checkbox"/> Iron</p> <p><input type="checkbox"/> TIBC</p> <p><input type="checkbox"/> LDH</p> <p><input type="checkbox"/> LH</p> <p><input type="checkbox"/> Lipase</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> PCT</p> <p><input type="checkbox"/> Phosphorus</p> <p><input type="checkbox"/> PSA</p> <p><input type="checkbox"/> Progesterone</p> <p><input type="checkbox"/> Prolactin</p> <p><input type="checkbox"/> PT/INR/APTT</p> <p><input type="checkbox"/> QuantiFERON-TB Gold Plus</p> <p><input type="checkbox"/> Rheumatoid Factor</p>	<p><input type="checkbox"/> D52.9</p> <p><input type="checkbox"/> R53.1</p> <p><input type="checkbox"/> R73.09</p> <p><input type="checkbox"/> B20</p> <p><input type="checkbox"/> K90.0</p> <p><input type="checkbox"/> R06.89</p> <p><input type="checkbox"/> E20.8</p> <p><input type="checkbox"/> D50.9</p> <p><input type="checkbox"/> D50.9</p> <p><input type="checkbox"/> K74.69</p> <p><input type="checkbox"/> E28.8</p> <p><input type="checkbox"/> K52.9</p> <p><input type="checkbox"/> K90.89</p> <p><input type="checkbox"/> B37.9</p> <p><input type="checkbox"/> E83.30</p> <p><input type="checkbox"/> R97.20</p> <p><input type="checkbox"/> O20.0</p> <p><input type="checkbox"/> E22.8</p> <p><input type="checkbox"/> R79.1</p> <p><input type="checkbox"/> A15.8</p> <p><input type="checkbox"/> D75.839</p>	<p><input type="checkbox"/> SHBG</p> <p><input type="checkbox"/> Syphilis</p> <p><input type="checkbox"/> T3</p> <p><input type="checkbox"/> T4</p> <p><input type="checkbox"/> FT3</p> <p><input type="checkbox"/> FT4</p> <p><input type="checkbox"/> TSH</p> <p><input type="checkbox"/> Total Testosterone</p> <p><input type="checkbox"/> Troponin</p> <p>(Frozen sample)</p> <p><input type="checkbox"/> Uric Acid</p> <p><input type="checkbox"/> Valproic Acid</p> <p><input type="checkbox"/> Vancomycin</p> <p><input type="checkbox"/> Vitamin B12</p> <p><input type="checkbox"/> Vitamin D</p> <p><input type="checkbox"/> HIV-1 (RNA Quant)</p> <p><input type="checkbox"/> HBV (DNA Quant)</p> <p><input type="checkbox"/> HCV (RNA Quant)</p> <p><input type="checkbox"/> Hemochromatosis (Genetics)</p> <p><input type="checkbox"/> N97.0</p> <p><input type="checkbox"/> A53.9</p> <p><input type="checkbox"/> E03.9</p> <p><input type="checkbox"/> E03.9</p> <p><input type="checkbox"/> E03.9</p> <p><input type="checkbox"/> E03.9</p> <p><input type="checkbox"/> E03.9</p> <p><input type="checkbox"/> N52.9</p> <p><input type="checkbox"/> I20.0</p> <p><input type="checkbox"/> E87.20</p> <p><input type="checkbox"/> G43.019</p> <p><input type="checkbox"/> Z16.21</p> <p><input type="checkbox"/> D51.9</p> <p><input type="checkbox"/> E55.9</p> <p><input type="checkbox"/> Z21</p> <p><input type="checkbox"/> B19.10</p> <p><input type="checkbox"/> B19.20</p> <p><input type="checkbox"/> E83.110</p>
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*\*Please note that panel details, additional ICD-10 codes, and descriptions can be found on reverse side of this form.*

Fasting       Non-Fasting

**ICD-10 Codes**

**Other Diagnosis**

<p><input type="checkbox"/> D50.9 Iron deficiency anemia, unspecified</p> <p><input type="checkbox"/> D64.9 Anemia, unspecified</p> <p><input type="checkbox"/> E03.9 Hypothyroidism, unspecified</p> <p><input type="checkbox"/> E11.65 Type 2 diabetes with hyperglycemia</p> <p><input type="checkbox"/> E11.9 Type 2 diabetes without complications</p> <p><input type="checkbox"/> E53.8 Deficiency of other specified B group vitamins</p> <p><input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified</p> <p><input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspecified</p> <p><input type="checkbox"/> E78.2 Mixed hyperlipidemia</p> <p><input type="checkbox"/> E78.5 Hyperlipidemia, unspecified</p> <p><input type="checkbox"/> H10.45 Other chronic allergic conjunctivitis</p> <p><input type="checkbox"/> I10 Essential (primary) hypertension</p> <p><input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris</p> <p><input type="checkbox"/> I48.91 Unspecified atrial fibrillation</p>	<p><input type="checkbox"/> J30.89 Other allergic rhinitis</p> <p><input type="checkbox"/> J45.998 Other asthma</p> <p><input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications</p> <p><input type="checkbox"/> K76.9 Liver disease, unspecified</p> <p><input type="checkbox"/> K90.0 Celiac disease</p> <p><input type="checkbox"/> L50.8 Other urticaria</p> <p><input type="checkbox"/> N18.30 Chronic kidney disease, stage 3 unspecified</p> <p><input type="checkbox"/> N18.4 Chronic kidney disease, stage 4 (severe)</p> <p><input type="checkbox"/> N39.0 Urinary tract infection, site not specified</p> <p><input type="checkbox"/> R10.9 Unspecified abdominal pain</p> <p><input type="checkbox"/> R53.1 Weakness</p> <p><input type="checkbox"/> R53.83 Other fatigue</p> <p><input type="checkbox"/> R63.4 Abnormal weight loss</p>	<p><input type="checkbox"/> R73.01 Impaired fasting glucose</p> <p><input type="checkbox"/> R73.03 Prediabetes</p> <p><input type="checkbox"/> R73.09 Other abnormal glucose</p> <p><input type="checkbox"/> R73.9 Hyperglycemia, unspecified</p> <p><input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry</p> <p><input type="checkbox"/> R97.8 Other abnormal tumor marker</p> <p><input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified</p> <p><input type="checkbox"/> T78.40X Allergy, unspecified</p> <p><input type="checkbox"/> T78.49X Other Allergy</p> <p><input type="checkbox"/> Z02.83 Encounter for blood-alcohol and blood-drug test</p> <p><input type="checkbox"/> Z13.6 Encounter for screening for cardiovascular disorders</p> <p><input type="checkbox"/> Z79.899 Other long term (current) drug therapy</p> <p><input type="checkbox"/> Z91.01 Allergy to _____</p> <p><input type="checkbox"/> Z91.018 Allergy to other foods</p> <p><input type="checkbox"/> Other _____</p>
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This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Hepatitis Panel	Coagulation (PT/INR/APTT)	Thyroid Panel	
<b>Hepatitis A Total Antibodies (HAVT)</b> <b>Hepatitis B Core Antigen Total Antibodies (Anti-HBcT)</b> <b>Hepatitis B Core Antigen IgM Antibodies (aHBCM)</b> <b>Hepatitis B Surface Antigen II (HBsII)</b> <b>Hepatitis B Surface Antigen Antibodies (aHBs2)</b> <b>Hepatitis C IgG Antibodies (aHCV)</b> <input type="checkbox"/> R17 Unspecified jaundice <input type="checkbox"/> R53.1 Weakness <input type="checkbox"/> R63.4 Abnormal weight loss <input type="checkbox"/> K75.9 Inflammatory liver disease, unspecified <input type="checkbox"/> K74.60 Unspecified cirrhosis of liver	<b>Prothrombin time (PT)</b> <b>Activated partial thromboplastin time (APTT)</b> <input type="checkbox"/> D68.9 Coagulation defect, unspecified <input type="checkbox"/> I48.20 Chronic atrial fibrillation, unspecified <input type="checkbox"/> R10.9 Unspecified abdominal pain <input type="checkbox"/> R06.02 Shortness of breath <input type="checkbox"/> Z51.81 Encounter for therapeutic drug level monitoring	<b>Thyroid Stimulating Hormone</b> <b>Free Triiodothyronine</b> <b>Total Triiodothyronine</b> <b>Free Thyroxine</b> <b>Total Thyroxine</b> <input type="checkbox"/> Z79.899 Other long term (current) drug therapy <input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspecified <input type="checkbox"/> E11.9 Type 2 diabetes without complications	
Basic Metabolic Panel	Comprehensive Metabolic Panel (CHEM-14)	Inflammatory Bowel Diseases	
<b>Calcium</b> <b>CO2 Enzymatic Chloride</b> <b>Creatinine</b> <b>Glucose</b> <b>Potassium</b> <b>Sodium</b> <b>Blood Urea Nitrogen (BUN)</b> <input type="checkbox"/> E13.8 Other specified diabetes with unspecified complications <input type="checkbox"/> I11.0 Hypertensive heart disease with heart failure <input type="checkbox"/> E87.8 Electrolyte imbalance <input type="checkbox"/> E13.9 Other specified diabetes without complications	<b>Aspartate transferase (AST)</b> <b>Albumin</b> <b>Alkaline Phosphatase (ALP)</b> <b>Alanine transaminase (ALT)</b> <b>Blood Urea Nitrogen (BUN)</b> <b>Calcium Chloride</b> <input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified <input type="checkbox"/> K76.9 Liver disease, unspecified <input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications <input type="checkbox"/> I11.0 Hypertensive heart disease with heart failure <input type="checkbox"/> E08.9 Diabetes due to underlying condition without	<b>Creatinine</b> <b>CO2 Enzymatic</b> <b>Glucose</b> <b>Total Protein</b> <b>Bilirubin (Total)</b> <b>Potassium</b> <b>Sodium</b> <input type="checkbox"/> K50.80 Crohn's disease of both small and large intestine without complications <input type="checkbox"/> K50.811 Crohn's disease of both small and large intestine with rectal bleeding	
CBC (Including DIFF/PLT)	Lipid Panel	**TORCH Panel	
<b>WBC</b> <b>RBC</b> <b>Hemoglobin</b> <b>MCV</b> <b>MCHC</b> <b>Total Neutrophils</b> <b>Monocytes</b> <input type="checkbox"/> I10 Essential (primary) hypertension <input type="checkbox"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> R53.83 Other fatigue <input type="checkbox"/> Z79.899 Other long term (current) drug therapy	<b>Basophils</b> <b>Total Lymphocytes</b> <b>Eosinophils</b> <b>Hematocrit</b> <b>MCH</b> <b>RDW</b> <input type="checkbox"/> I10 Essential (primary) hypertension <input type="checkbox"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> R53.83 Other fatigue <input type="checkbox"/> Z79.899 Other long term (current) drug therapy	<b>Total Cholesterol</b> <b>High Density Lipoprotein Cholesterol</b> <b>Low Density Lipoprotein Cholesterol Triglyceride</b> <input type="checkbox"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris <input type="checkbox"/> I11.9 Hypertensive heart disease without heart failure <input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified <input type="checkbox"/> Z13.6 Encounter for screening for cardiovascular disorders	
Liver Panel	Genesis Food Allergy Panel		
<b>Albumin</b> <b>Alkaline Phosphatase (ALP)</b> <b>Alanine transaminase (ALT)</b> <b>Aspartate transferase (AST)</b> <b>Bilirubin (Direct)</b> <b>Bilirubin (Total)</b> <b>Total Protein</b> <input type="checkbox"/> R74.8 Abnormal levels of other serum enzymes <input type="checkbox"/> R17 Unspecified jaundice <input type="checkbox"/> R10.13 Epigastric pain <input type="checkbox"/> R53.83 Other fatigue <input type="checkbox"/> Z79.899 Other long term (current) drug therapy	<b>Peanut</b> <b>Hazelnut</b> <b>Almond</b> <b>Cashew Nuts</b> <b>Peas</b> <b>Soybean</b> <b>Mustard</b> <b>Avocado</b> <b>Tomato</b> <b>Garlic</b> <b>Onion</b> <input type="checkbox"/> R05.1 Acute Cough <input type="checkbox"/> R06.2 Wheezing <input type="checkbox"/> Z91.010 Allergy to Peanuts <input type="checkbox"/> Z91.011 Allergy to Milk Products	<b>Celery</b> <b>Apple</b> <b>Kiwi</b> <b>Banana</b> <b>Peach</b> <b>Pork</b> <b>Beef</b> <b>Chicken</b> <b>Codfish</b> <b>Crab</b> <b>Shrimp/Prawn</b> <input type="checkbox"/> Z91.012 Allergy to Eggs <input type="checkbox"/> Z91.013 Allergy to Seafood <input type="checkbox"/> Z91.018 Allergy to Other Foods	<b>Tuna</b> <b>Wheat Flour</b> <b>Maize Flour</b> <b>Rice</b> <b>Sesame</b> <b>Baker's Yeast</b> <b>Cow's Milk</b> <b>Casein</b> <b>Goat's Milk</b> <b>Egg White</b> <input type="checkbox"/> B06.9 Rubella without complication <input type="checkbox"/> B06.89 Other rubella complications <input type="checkbox"/> B25.8 Other cytomegaloviral diseases <input type="checkbox"/> G93.31 Postviral fatigue syndrome
Celiac Disease Antibody Panel	Additional ICD-10 Code Descriptions		
<b>Anti-Tissue Transglutaminase ELISA (IgG)</b> <b>Anti-Tissue Transglutaminase ELISA (IgA)</b> <b>Anti-Gliadin (GAF-3X) ELISA (IgA)</b> <b>Anti-Gliadin (GAF-3X) ELISA (IgG)</b>	<input type="checkbox"/> A15.8 Other respiratory tuberculosis <input type="checkbox"/> A53.9 Syphilis, unspecified <input type="checkbox"/> B19.10 Unspecified viral hepatitis B without hepatic coma <input type="checkbox"/> B19.20 Unspecified viral hepatitis C without hepatic coma <input type="checkbox"/> B20 Human immunodeficiency virus [HIV] disease <input type="checkbox"/> D51.9 Vitamin B12 deficiency anemia, unspecified <input type="checkbox"/> E20.8 Other hypoparathyroidism <input type="checkbox"/> E22.8 Other hyperfunction of pituitary gland <input type="checkbox"/> E27.8 Other specified disorders of adrenal gland <input type="checkbox"/> E28.8 Other ovarian dysfunction <input type="checkbox"/> E83.30 Disorder of phosphorus metabolism, unspecified <input type="checkbox"/> E87.20 Acidosis, unspecified <input type="checkbox"/> G43.019 Migraine without aura, intractable, without status migrainosus <input type="checkbox"/> I20.0 Unstable angina <input type="checkbox"/> K52.9 Noninfective gastroenteritis and colitis, unspecified <input type="checkbox"/> K74.00 Hepatic fibrosis, unspecified	<input type="checkbox"/> K74.69 Other cirrhosis of liver <input type="checkbox"/> K86.9 Disease of pancreas, unspecified <input type="checkbox"/> K90.41 Non-celiac gluten sensitivity <input type="checkbox"/> K90.89 Other intestinal malabsorption <input type="checkbox"/> M89.9 Disorder of bone, unspecified <input type="checkbox"/> N52.9 Male erectile dysfunction, unspecified <input type="checkbox"/> N94.89 Other specified conditions associated with female genital organs and menstrual cycle <input type="checkbox"/> O20.0 Threatened abortion <input type="checkbox"/> R06.9 Unspecified abnormalities of breathing <input type="checkbox"/> R79.1 Abnormal coagulation profile <input type="checkbox"/> R93.89 Abnormal findings on diagnostic imaging of other specified body structures <input type="checkbox"/> R97.0 Elevated carcinoembryonic antigen [CEA] <input type="checkbox"/> R97.20 Elevated prostate specific antigen [PSA] <input type="checkbox"/> Z16.21 Resistance to vancomycin	
Celiac Disease Genetics Typing			
<b>HLA - DQ 2.2</b> <b>HLA - DQ 2.5</b> <b>HLA - DQ 8</b> <b>β Subunit HLA DQ 2.2/DQ 2.5</b>			

\*Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC. \*\*TORCH panel is a group of blood tests to screen for infectious diseases that cause illness in pregnant women and may cause birth defects in their newborns. It detects the presence of antibodies that are produced by the immune system. ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.